

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814



June 24, 1980

ALL COUNTY LETTER NO. 80-38

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY FISCAL STAFF

SUBJECT: REVISED CLAIM FORMAT FOR ADULT CLOSE-OUT PROGRAMS: OAS, AB AND ATD

The purpose of this letter is to provide information regarding a new form, Summary Report of Assistance Expenditures, Old Age Security, Aid to the Blind and Aid to the Disabled.

This form has been designed to replace three forms; the AG 800, the BL 800 and the DA 800. In addition, submission will be required on a quarterly basis instead of a monthly basis. The last monthly adult close-out claims submitted will be the claims for June 1980. The first quarterly claim will be submitted for the September 1980 quarter in accordance with Fiscal Manual Handbook Section 25-770.

Provision is made on the new form for the claiming of all activity, other than repayments, in one net amount per program. All activity claimed must be substantiated by a payroll or contra roll.

An initial supply of the revised form will be sent to you under separate cover.

If there are any questions concerning this letter or the form when received, please contact the County Fiscal Administration Bureau at (916) 445-7046.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Claude E. Finn'.

CLAUDE E. FINN
Deputy Director
Administration

cc: CWDA